TODAY'S DATE	ENCLOSED\$	IN AMOUNT CASH CHECK FTC	FOR# OF COPIES	CERTIFIED COPIES		
CHILD'S FULL NAME	FIRST	AMOUNT CASH, CHECK, ETC MIDE				
T BIRTH ATE OF MONTH DAY IRTH	YEAR	PLACE OF TOWN OR CITY BIRTH	COUNTY	HOSPITAL		
ATHER'S FIRST	MIDDLE	LAST		PLACE OF BIRTH	STATE OR COUNTRY	
IOTHER'S MAIDEN FIRST AME	MIDDLE	LAST	F	PLACE OF BIRTH	STATE OR COUNTRY	
RELATIONSHIP TO PERSON IAMED IN CERTIFICATE		SIGNATURE				DAY OF
TELEPHONE NUMBER			OR OFFICE USE ONLY)			
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▼ PRINT OR TYPE N YOUR NAME	▼ PRINT OR TYPE NAME AND MAILING ADDRESS ▼			Make check/money order payable to and mail to: Maricopa County Office of Vital Registration		A FFIRM
NAME MAILING ADDRESS						AN TO OF
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